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Bib Data Sheet

|                            |                                       |              |                        |                                    |
|----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10795,816 | FILING DATE<br>03/08/2004<br><br>RULE | CLASS<br>433 | GROUP ART UNIT<br>3732 | ATTORNEY<br>DOCKET NO.<br>23510-RA |
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *none cld*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none cld*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/24/2004

|  |  |                               |                            |                           |                                |
|--|--|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions<br>met<br>Verified and<br>Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>Angel Connor</i><br>Examiner's Signature Initials | STATE OR<br><br>COUNTRY<br>GA | SHEETS<br><br>DRAWING<br>5 | TOTAL<br><br>CLAIMS<br>28 | INDEPENDENT<br><br>CLAIMS<br>3 |
|--|--|-------------------------------|----------------------------|---------------------------|--------------------------------|

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## TITLE

Oral hygiene device and method of use therefor

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>457 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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